CHAPTER III

MEDICAL EDUCATION AND WOMEN
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During the Early Vedic Period, the Women enjoyed a great deal of freedom, held high positions, equalled men in knowledge and some of the finest hymns are attributed to them. Women seem to have worked as teachers also. They learnt music, dance and fine arts.

The status of Women gradually deteriorated during the period between B.C. 600 and 200 A.D., the period of the Epics and the Smritis. 'Manu' the ancient law giver lays down that the husband had absolute rights over the wife to the extent of inflicting corporal punishment. There are however indications that during the first half of this period, there were highly educated women holding honourable positions in the society and the household.

With the advent of Islam in India during the Medieval period, female education started declining due to the new social evils that overwhelmed the Indian Society like the purdah system, child marriage, sati, female infanticide, widowhood, barren wives, lack of women teachers and girl schools. Only women of the royal family had opportunities to acquire knowledge. We learn from 'Tabbquat-I-Nasiri' that Razia Sultana had received not only sound education, but was also taught riding

2 Ibid, P-45.
and arts of war. There was no uniform system of education for women in the Medieval period. The Indian Women had a long tale of suffering and humiliation almost from birth to death. Coupled with it was the superstition that an educated woman was fated to become a Widow.

It was only with the advent of the Europeans, the social and religious dogmas attached to the Indian Society became less rigid. The Christian Missionaries were the pioneers, who promoted by the zeal for the propagation of their faith, took interest in female education.

Enlightened public opinion in favour of it was also gathering momentum, though, most of the members of the orthodox sections of the community were opposed to it. Indian Women had a great defender of their right in Raja Rammohan Roy. With the rapid spread of Western System of Education, more and more young Indian Women were attracted to take up Medical and other Professions.

**MEDICAL EDUCATION OF WOMEN**

**Doctors**

The social condition and position of women peculiar to India, made thoughtful people think of Medical Education for Women at a time when such education was

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as yet only in its initial stages in England. This led to beginnings being made, long before the general education of Indian Women was in a state to justify their embarking on special departments.

It is now nearly one hundred and twenty six years since the first Medical Women landed in India. Many difficulties were encountered and were over come by devotion and stead fastness beyond praise. These Pioneering Women are passing from among us and with them, the recollection of conditions and events which deserve a lasting place in the annals of the Women of India, as well as of Medical Women, generally will be forgotten.

The Christian Missionaries as pioneers, started attending on Indian Women at the time of delivery and thus helped to popularize Medical Education among women. Though the Indian Women were hesitant in the beginning, they later came round as good results of such Medical attention became obvious. Training of Midwives, Nurses and Women Doctors helped Indian Women who had suffered total neglect in health matters, and the indigenous services available to them were of such poor quality that it led to a high mortality in them. To a large extent, it was preventable and Western Medicine proved it.  

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6 Ibid.

7 Ibid.
Dr. Ruth Young wrote in 1938; ‘It is a curious fact that in India, Medical Education for Women was embarked on, before any other kind of professional education and at a time when literacy among women, which is even now only 29 per million must have been only a fraction of one percent’.\textsuperscript{8}

It is true that Indian society did not approve of its women members taking to education equally with men and naturally the literacy was much lower than that of men. But the Women Medical Missionaries, were not sufficient enough in number when compared to the needs of the country. Therefore it was imperative to educate the native women in Western Medicine who will be better suited than men to attract Indian Women, to seek treatment in Modern Methods.

Now Medical Women came to take charge of an organized hospital, with full beds, trained staff, competent assistants and usually with excellent operating rooms, instruments and medicines. But then, she was usually without an assistant, or if she had one, she had to be handled delicately as she could not be replaced. There were no Indian nurses, and the Medical Women had first to raise the salary of an English nurse, and then try and find one, who was willing to come and devote herself to the training of Indian girls. If she failed to find one, she had to do all the work herself.

\textsuperscript{8} Dr. Ruth Young, ‘Medical Education of Women’: in E.W.C. Bradified, An Indian Medical Review, Delhi:1938, P-154.
Worst of all, there were few patients, for, Women Doctors were an innovation and ignorance, superstition and prejudice were rife among them.\(^9\)

Patients had to be coaxed and persuaded to come to the hospital in those days and the slightest setback would be enough to make them run. A death emptied the wards and an unsuccessful operation would lose all the ground that years had gained.\(^10\)

The honour of sending out the first qualified Woman Doctor belongs to the United States of America and her name was Miss Clara Swain, M.D. (Penn).\(^11\)

Miss Fanny Butler, M.D., was the first qualified Medical Woman from England to work in India.\(^12\) Miss Ida Faye, M.D., (Penn) came to Nellore in 1881 under the American Baptist Missionary Union.\(^13\)

Mrs. Anandibai Joshi was the first Indian Lady to study medicine at Madras.\(^14\)

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\(^9\) Ibid.

\(^10\) Ibid.

\(^11\) Ibid.

\(^12\) Ibid, P-18.

\(^13\) Ibid, P-22.

\(^14\) Ibid, P-23.
Dr. Muthulaxmi Reddy was the first Woman Medical Student, House Surgeon and the Medical Graduate of India. She worked against the evils of Woman such as child marriage, sati, infanticide etc. and promoted the cause of Women's Education and Welfare.

Miss Annit Jaganadhan, another Indian Woman Pioneer began her studies in Madras in the year 1883. In 1888, she went to Edinburgh and joined the Edinburgh school of Medicine for Women. She obtained the triple qualification of the Scottish College in 1892 and went out to India to take up the post of House Surgeon in the Cama Hospital, but she developed pulmonary tuberculosis and passed away early in 1894.\(^{15}\)

Another Indian Woman by name Rukhmabai went to England in 1889 and returned to India in 1895.\(^{16}\)

The first organized work of teaching women in Western Medicine was taken up in Madras Presidency.\(^{17}\)

The initiation of Women in Medical Work in Madras was closely bound up with the history of Mrs. Scharlieb, a young English Woman who came to India in 1866.

\(^{15}\) Ibid.

\(^{16}\) Ibid.

\(^{17}\) Jaggi, O.P., Medical Education and Research, Delhi:1979, P-93.
with her husband - a barrister in Madras. Mrs. Scharlieb heard much from her husband’s clients and clerks and from her own servants, of the unnecessary sufferings of Indian Women owing to lack of Medical attendance and she herself determined to take a Midwife’s training in order to help them. She heard and saw the sufferings of Indian Women, as the services of female doctors were not available to them and also that Indian Women were hesitant to be treated by male doctors.

Writing about how she and her colleagues were received in the lying-in-hospital, where they were to get their training in Midwifery, she said: ‘I explained my views and desires as to the Medical Education of Women to Dr. Balfour, who most kindly offered to take me to the lying-in hospital and to commend me to the practical teaching of its superintendent, Surgeon-Major Cockerill. He listened to the Surgeon General and to me and told me that the work was not suitable for an English lady and that it involved much unpleasantness and dirt. But finally, he asked whether, if he accepted me as a pupil, I would be ready to attend to any case assigned to me and to keep the rules of the institution. To this, of course I gladly assented.’

Mrs. Scharlieb took one year’s course in Midwifery at the Madras Maternity Hospital with the unsurmountable support of Dr. Balfour.

18 Balfour, I. Margaret, and Ruth Young, *The work of Medical Women in India*, op.cit., P-16.


Writing about the facilities the Women Students received, Mrs. Scharlieb stated; "The arrangements for the Medical Education of Women Students, were conceived in a generous spirit. We were to pay no fees and text books were given to us and a comfortable room at the Medical College was assigned to us. So far as lectures went, we shared in the instruction given to the large body of young men. Practical Midwifery, we were to learn at the lying-in-hospital and other clinical work was to be done by us at the Women's Hospital under the Medical Superintendence of Surgeon A.M. Branfoot'. She went on to say my three Women Colleagues remained at the Women's Hospital and I went alone to share in the clinical work with my male fellow students. I ought to say at once that none of us ever met with slightest discourtesy or difficulty either at the college or at the hospital and that when our curriculum was finished and we had obtained the diploma of the college, the Principal (Dr. M.C. Furnell) told me that the coming of the women had been a great advantage to the men, for our companionship had sweetened their manners and our eagerness to learn had been a useful stimulus.21

But after having completed it, she felt that Midwifery Training was inadequate to meet all the needs of the women patients in India. She then proposed a scheme to the then Governor, Lord Hobart and Dr. Balfour, Surgeon-General for provision to Caste and Gosha ladies to enter the Madras Medical College.22

21 Jaggi, O.P., Medical Education and Research, op.cit., PP.100.

In 1872, Dr. Balfour took up the cause of Medical Education for women to meet the needs of the women patients in India. His first suggestion was to give Nurses training at the Women and Children’s Hospital at Vepery for a year or two or else to form a class at the Medical College. The Director of Public Instruction regarded this move as ‘entirely premature’ and did not recommend admission of women to the Madras Medical College and there by vetoed it.

Undaunted by this failure Dr. Balfour again made an attempt in 1874 now with the help of Dr. H.C. Furnell, the Principal of the Madras Medical College to seek permission for the female students to study in the Medical College. In the year 1875, the Government sanctioned the admission of women candidates in the Madras Medical College.

The entire credit for this goes to Dr. Balfour, who’s untiring and unflinching efforts converted a dream into a reality. In the Winter session of 1875, four students including Mrs. Scharleib were admitted to the Madras Medical College in the

23 Jaggi, O.P., Medical Education and Research op.cit., PP.93.
24 Ibid, PP. 93-94.
26 ‘G.O. No.6’, Education Department, dated 11th June, 1875.
‘Certificate Class’. This was a shortened course of three years which was meant for the students who had not matriculated.28

The course of instruction for female students was limited to Pharmacy, Anatomy, Physiology, Medicine, Surgery, Midwifery, Diseases of women and children. They were exempted from payment of fees.29 These Women Candidates shared in some lectures with the male students and had a separate room to study Midwifery, Surgery, Anatomy and Physiology and did clinical work in the Women’s Hospital under Surgeon Brangloe.30 He received them the first morning with remarks on the folly and inadvisability of educating Women as doctors. Seeing that Government had sent them, he said, he could not prevent them walking round the wards, but was firmly determined not to teach them.31

However, the women made good progress and all passed the final examination at the end of three years.32 A lot of skepticism was expressed in many quarters about the advisability of training women as doctors. In an editorial, an Indian Medical Journal, stated; ‘While Universities and Corporations in Great Britain are discussing whether women shall be permitted the means of studying Medicine and granted

31 Ibid.
32 Ibid.
privilege of Medical Licenses and degrees; while the demand for female Medical Education is making itself feebly heard in the community, while the whole thing is looked on in the light of a very doubtful experiment - doubtful as regards propriety and success - in Madras a scheme of Medical Education and qualifications of women has been hatched when no demand for it existed and at the instigation of the Head of the Government Medical Department, has authorized special arrangement for the instructions of women at the Madras College and put the state to considerable expense for the purpose, and even proposed to pay women for being so educated.\textsuperscript{33}

It appears that efforts have for some years been made with considerable success to train women as nurses and midwives. The Pupil Nurses remained four months at the General hospital, one month at Vepery Women's Hospital and one month at the Native Infirmary during which, they were taught all in Medicine and Surgery that a Nurse should know and attend on patients both before the doctors come and on emergencies and are taught all the uses of the simpler medicines, and after 6 months of hospital work, they were examined for the Nurse diploma and receive it, if qualified. The diplomated nurses then pass on to the lying-in-hospital for instruction in Midwifery and after six months study, they were examined for their Midwifery diploma and if found qualified, received it.\textsuperscript{34}

\textsuperscript{33} Indian Medical Gazette, 10, 274, 1875.

\textsuperscript{34} Jaggi, O.P., Medical Education and Research, op.cit., PP.94-95.
The Journal further stated that; 'From diplomated Nurses and Midwives to female Doctors was a natural way and easy step, and this Surgeon-General accordingly took. He considered it necessary however, to support his proposal by an argument. There are 10,00,00,000 women in India, at least two-thirds of them are by their social customs debarred alike from receiving the visits of a Medical Man at their own houses, and from attending for gratuitous advice, at the public hospitals and dispensaries'.

Another editorial of the Medical Journal was full of contempt for the scheme of training lady doctors for the purpose of treating women patients. 'That female doctors are really demanded by the people of India is a pure assumption to start with; that females of any kind are fit to be doctors is a very doubtful point; we regard them, the experiment as one of very questionable justification in India, and we look on the manner in which it is being carried out as superficial and unsafe. Experimentation of this description, where human lives are the subject-matter and agencies which are capable of damaging or extinguishing human life is assuredly playing with very dangerous tools'.

Ibid, P-95.

_Indian Medical Gazette_, 10, 275, 1875.
Finally at the end of the three years in the annual examination in 1877-1878, all the women students came out in flying colours and among the four students who secured a first class, three were female candidates.\textsuperscript{37}

In the annual report of that year the Principal of the College remarked with much pride: 'They have been remarkable for their assiduity, regularity, keen interest and strongly marked desire to attain proficiency in every branch of the work they have so nobly undertaken.'\textsuperscript{38}

It is interesting to note that the Women Students were admitted to the Madras Medical College at a time, when no other Medical College in India had thrown open its door for admission of Women Students and when even in Great Britain the admission of Women Students into any of the Medical College was a very controversial subject.\textsuperscript{39}

In 1878, Mrs. Scharlieb returned to England and entered the London School of Medicine for Women. In the autumn of 1882, she passed the final examination for the degree of M.B.B.S., with honours and secured the Gold Medal and scholarship.

\textsuperscript{37} Administrative Report of the Madras Presidency, 1877-78, P-316.

\textsuperscript{38} Jaggi, O.P., Medical Education and Research, op.cit., PP.96.

in Obstetric Medicine. After some postgraduate work in Vienna she returned to Madras in 1883.\textsuperscript{40}

Before doing so, she had an interview with Queen Victoria to whom she gave a plain account of the suffering of Indian Women during illness and the barbarities inflicted on them by the Native Midwives. The Queen who had heard something already from Dr. Bielby turned to Lady Biddulph and said, 'How can they tell me there is no need for Medical Women in India?'. The Queen sent a kind message to the Women of India and gave Mrs. Scharlieb her photograph, that she might take it to the houses of the people to show them how much the Queen felt for them. Mrs. Scharlieb was also sent for by the Prince and Princess of Wales (afterwards king Edward VII and Queen Alexandra), who listened with the greatest interest and sympathy to her account of the suffering of the Indian women.\textsuperscript{41}

Mrs. Scharlieb on her return to India started her Medical Practice in Madras and soon had more patients than she could manage. She perceived that her work could never be wholly successful until she had a hospital. This was necessary for Women of all classes owing to lack of intelligent co-operation of friends and of nursing facilities. She engaged the sympathy of the Governor's Wife, Lady Grant Duff and of the Surgeon General and a meeting of the chief members of the Indian

\textsuperscript{40} Balfour, I., and Ruth Young, \textit{The Work of Medical Women in India}, op.cit., PP.29-30.

\textsuperscript{41} Ibid, P.30.
community was called. Funds were collected and it was decided to institute a Caste
and Gosha Hospital, to be under the charge of Mrs. Scharlieb. A beginning was made
in a hired house. The hospital was a success from the beginning and work was very
strenuous. The Committee agreed to the appointment of a second Medical Woman,
Miss. Pailtharpe, as assistant to Mrs. Scharlieb.\textsuperscript{42}

Mrs. Scharlieb was also appointed as a Lecturer on Midwifery and Diseases
of Women and Children to the Women Students and Examiner in Obstetrics and
Gynaecology to the University of Madras. In 1887, Mrs.Scharlieb’s health gave way
and she was obliged under Medical advice to leave India for good.\textsuperscript{43}

For two years from 1878, there was no female students in the Medical college.
From 1882 to 1900, many women students were admitted into the Medical College.

Meanwhile, Medical Mission work had not been neglected in the Madras
Presidency. Dr.Matilda Mephal began to work in Madras under the Free Church of
Scotland Mission in 1887. A dispensary which had been opened by Male Missionaries
was handed over to her and in 1891 a bungalow was acquired in Royapuram, Madras
and a Women’s hospital of twelve beds was opened.\textsuperscript{44}

\textsuperscript{42} Ibid.

\textsuperscript{43} Ibid, PP. 30 -31.

\textsuperscript{44} Ibid, PP. 31-32.
Meanwhile money was being collected and the christian Rainy Hospital was built and opened in 1914.

Madras was thus a Pioneer in the Medical Education of Women and since those days, Women are continued to be trained in mixed classes.\(^4\)

Scholarships

Many scholarships were instituted for Women Students at Madras Medical College, so as to give them encouragement to join the Royal Profession in the Nineteenth century. The Maharajah of Mysore instituted a second Jane scholarship in 1887, to be granted to a female candidate.\(^5\) In the same year, two medals and three scholarships were constituted by the Countess of Dufferin's Association.

'The Lady Grant Duff Gold Medal' was awarded to the best Hindu or Mohammedain female candidate.\(^6\) Five scholarships of Rupees Twenty each were granted to female candidates of the Hospital Assistant Grade Candidates from the Countess of Dufferin's Fund. The Bangalore Municipality founded two scholarships of Rupees fifteen a month each. There were thirty one, twenty four and nineteen

\(^4\) Ibid, P-104.

\(^5\) Administrative Report of the Madras Presidency, 1886-87, P-209.

female scholarship-holders in the Madras Medical College during the years 1890-91, 1892-93 respectively.

Women have made great progress in the different fields of Medical Education right from the inception to the present day.

THE WORK OF MEDICAL MISSIONARIES

The Indian Women owe a great deal to Medical Missions in the field of Medical Education. Medical Women serving under different bodies found expression in the Association of Medical Women in Indian Medical Missions. Mission hospitals were started by Women with the highest British, American or other Western qualifications and always had a staff of one or more Western trained nursing sisters. Most of the Mission Hospitals trained Compounders or Dispensers and Midwives.

The work of Foreign Missionary Women and Doctors in different parts of India helped Indian Women to avail of their services and also made it easy for Indian Women Doctors to qualify in Medicine and to set up private practice or to get attached to Women and Children Hospitals which started coming up gradually in different parts of the country.48

As seen already, the earliest efforts of Medical Missionary work owed its origin to the facts related by 'Zenana' Missionaries of the suffering endured by women.

Though the motive was to serve the women medically, it was regarded rather as an adjunct to Mission work than an object in itself. Evangelization was the aim and the Mission Hospital was a means of opening doors which would otherwise have remained shut. The contacts which the mission hospitals brought about were therefore all the more welcome and whether or not the hospitals were a means of bringing many converts to the Christian Church, they did give an example of service and care to rich and poor, caste and outcaste alike, which impressed the patients. Most of the Missionary Societies had adopted a policy of cooperation and mapped out the areas in which they were to work and did not encroach on each other's territory.

MEDICAL MISSIONS IN THE MADRAS PRESIDENCY

The work of Medical Missions was very widespread in the Madras Presidency and some of the earliest hospitals were found here. Many Mission Hospitals catered for both men and women and many women had no objection to treatment by a male doctor.

The United Lutheran Church Mission had the honour of having the oldest Mission hospital for women and the largest one in the Presidency. The American

50 Ibid, PP. 76-77.
51 Ibid, P-81.
52 Ibid.
Arcot Mission was responsible for the hospital at Vellore which was used for the Union Medical School. A small hospital and a dispensary existed in Tindivanam.

The American Madurai Mission was started by a partially trained Missionary by name Mrs. Capron and it progressed as a great centre for Medical and Surgical Work.\textsuperscript{53}

The London Missionary Society had a hospital at Erode and Madras, was the site of one of the finest hospitals in the Province - The Rainy Hospital of the United Free Church of Scotland.\textsuperscript{54}

The activities of the Mission Hospitals did not end with the ordinary ones of hospital and dispensary work but extended further in evolving a system of examinations and a standardized training. Some textbooks were even published and a Board of Nursing was established.\textsuperscript{55} These Missionary Hospitals were the Pioneers in the Medical inspection of school children and they bound themselves together by the formation of an association called the Christian Medical Association.\textsuperscript{56}

\textsuperscript{53} Ibid, P-82.
\textsuperscript{54} Ibid, P-83.
\textsuperscript{55} Ibid, P-86.
\textsuperscript{56} Ibid, P-87.
'In the Missionary Enterprise the Medical work should be regarded as in itself an expression of the spirit of the Master and should not be thought of only as a pioneer of Evangelism or as merely a Philanthropic agency'.

The Christian Medical College, Vellore

For many years, the school at Ludhiana was the only one in India, where, girls were taught entirely by members of their own sex. Many of the girls from as far away as Madras came here for training. But as the number of Medical students from South India seeking admission to Ludhiana became larger, the Missionary bodies there, began to feel that a Medical School on the lines of the school at Ludhiana was necessary for the South. The School was opened in Vellore in 1918 mainly owing to the fact, that a very fine Medical and Surgical infrastructure was in existence under the leadership of Dr. Ida Scudder, a member of the Dutch Reformed Church of America. The students at Vellore appeared for the L.M.P. Certificate of Madras which was equivalent to the Sub-Assistant Surgeon course. The certificate or the degree awarded were lower than graduation till 1933, when the D.M. and S course was started.


58 Jaggi, O.P., Medical Education and Research, op. cit., P-105.
Dr. Ida S. Scudder was a grand daughter of the first American Medical Missionary in India who, after the founding of the Medical School became its First Principal.39

In 1942, the school was raised to a University college and the first batch of 25 women students were admitted to the M.B.B.S. course. In 1947, the Syndicate of the Madras University sanctioned the admission of 16 men students in addition to 25 women. In January 1950, the University granted the college, permanent recognition. The college is also recognized for the training of Postgraduation and Higher Medical Research in the various Medical fields. Vellore Medical School showed, how much could be accomplished by private efforts. It has supplied many capable Medical Women to India.

Two Medical schools solely for Women were founded at Madras and Agra in 1923. They trained students for the Sub-assistant Surgeon’s diploma. The School at Madras was the youngest of all the purely Women’s schools.

THE COUNTESS OF DUFFERIN’S FUND

The beginning which had been made in the provision of Medical aid to Women hitherto, was only a droplet in the Ocean and the formation of the Countess

of Dufferin’s Fund in 1885 gave a tremendous impetus to public opinion and carried it forward.

Lady Dufferin’s proposal to start a ‘Fund’ for making Women Doctors, to open Women’s Hospitals and wards and train Indian Women to follow their footsteps, was met with a burst of applause and hardly a dissenting note.  

Subscriptions and donations poured in from Indians and Europeans alike, not only to the Central Fund presided over by Lord Dufferin, but to Provincial Funds opened in each Province by the Wives of the Governors and Lieutenant Governors.

This Fund owed its origin to Queen Victoria who will long be remembered in India as ‘The great white Queen and Mother of Her people’. The credit of influencing the Queen to start the Fund obviously goes to Dr. Elizabeth Bielby and Dr. Mary Scharlieb, who during their personal interview with the former appraised Her of the suffering of the Indian Women during sickness.

In 1883, Lady Dufferin on the personal request made by the Queen took great pains to acquaint herself with all matters relating to the Medical relief of Women in India. In 1885, she wrote to the Wives of the various Governors and Lieutenant

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61 Ibid.

62 Ibid.
Governors and being assured of the cordial support, a prospectus was drawn up and published in various languages all over India. The press was almost unanimous in its approval.⁶³

Certain objections were raised against Medical relief to Indian Women and it was alleged that the scheme encouraged Purdah system by the way of training female staff to treat exclusively purdah women.⁶⁴

Dufferin Fund was neither political nor social but a purely humanitarian organization.⁶⁵ It served the people irrespective of their customs, habits, religion or community. It did not support purdah - its relief was for all women who preferred the attendance of their own sex.⁶⁶ It only directed its employees to respect all religious and social prejudices of the patients, in order, that the full value of its work might be attained.⁶⁷ Its examples since then has been followed by many civilized Governments.

⁶³ Ibid, P-34.
⁶⁴ Ibid, P-35.
⁶⁵ Ibid.
⁶⁶ Ibid.
⁶⁷ Ibid.
The Countess of Dufferin's Fund or the National Association for supplying female Medical aid to the Women of India was organized in 1885. The Queen Empress was the Patron, the Viceroy was the patron in India, the Viceroy's Wife was the President, the Governors and Lieutenant Governors of Provinces were the Vice Presidents. There were in addition, Life Councillors, Life Members and Ordinary Members, according to the size of the donations given. The Association was managed by a Central Committee meeting at Calcutta and Simla of which the Viceroy's Wife was the president.

Each Province had its own branch similarly organized, which undertook to carry out the objects of the Association and was responsible for its own funds. The objects of the Association may be briefly epitomized as Medical relief to women, Medical tuition of women and the doing of all those conducive to these objects.

The Central Committee was to act as a link between the different branches to collect information, to give advice and to assist by grants-in-aid. It was also in, direct communication with those parts of the country where, there were no branches and also with Indian States. The National Association received no assistance from the Government of India except in two particulars it received the services of a clerk and

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68 Ibid, P-36.
69 Ibid.
70 Ibid.
had permission for the Medical Officers of Government to supervise the work of the employees of the Association.\textsuperscript{71}

At the end of three years, when Lady Dufferin left India, the Central Committee had collected about seven lakhs of rupees of which, five and a half lakhs were invested and the remainder used in furthering the objects of the Association.\textsuperscript{72} Grants-in-aid to the salaries of Medical Women and Nurses and scholarships to Women students and probationary nurse were given annually.

A branch was formed in the United Kingdom by means of subscriptions raised there and passage and outfit money for several Medical Women and Nurses was provided.

By this time, eleven Medical Women were working in connection with the Association in India, five having been brought out from the United Kingdom and six being residents of India. They were employed at Madras, Agra, Calcutta, Delhi, Ulwar, Lahore, Darbhanga and Bhagalpur. The different branches had collected about three lakhs of rupees and were utilizing it in much the same way as the central committee. The local branches under the Provincial branches raised their own funds.

\textsuperscript{71} Ibid.

\textsuperscript{72} Ibid.
Meetings were held every week and many hours were spent discussing and initiating plans, both inside and outside Committee Meetings. The training of ‘Dais’ was one of the most important and urgent duties of the Dufferin Fund.

In the words of Lady Dufferin ‘In a few years time it will, I trust, be possible to insist upon the compulsory registration of dais and the granting of licenses to them without which it should be illegal for any one of them to practice’. 73

She and the Central Committee believed, they had only made a beginning and that every year would add to their funds and render greater activity possible. But as soon as she left India, there was very little addition to the funds in 1888 and the Committee was left to carry out a gigantic task with the very inadequate capital of six lakhs, bringing in an income of Rs.30,000, or about £ 2,000 a year. 74 This was partly at least owing to decision of the Central Committee not to appeal to the public for funds, as encroaching on the resources of the Provincial Committees and they soon ceased to collect.

The activities of the Central Committee ceased to expand after 1888. However local committees, occasionally increased their work and newly formed hospitals became affiliated to Central or Provincial Committees.

73 Ibid, p-38.

74 Ibid.
In 1913, the Government of India announced a subsidy of one and a half lakhs of rupees to be paid annually to the Countess of Dufferin's Fund.\textsuperscript{75} New Draft rules for the Women's Medical Services were drawn up during the same year and later approved by the Government, which came into effect from 1st January 1914. Twenty five members were admitted by selection in India and the United Kingdom.\textsuperscript{76}

This was created due to the result of growing dissatisfaction among women doctors regarding the methods of recruitment and the pay and privileges of Medical Women, the inability of the Countees of Dufferin's Fund to enhance the emoluments to Women Doctors as a result of limited income and the inadequacy of the Dufferin Fund to meet the needs of Indian Women.\textsuperscript{77}

After the Women's Medical Services (W.M.S.) was created, pay was increased to the Women Doctors with additional benefits like provident fund, free furnished quarters etc.

There was a marked change and increase in the number of hospitals in which there were Women Doctors and Patients, consequent to above mentioned efforts and activities.

\textsuperscript{75} Jaggi, O.P., \textit{Medical Education and Research}, op.cit PP.108-109.

\textsuperscript{76} Vekataratnam, R., 'A History of Western Medical in India 1664-1945', \textit{Indian Journal of History of Medicine}, Madras:1974, 19, P-10.

\textsuperscript{77} Bradfield, E.W.C., "An Indian Medical Review" O.P.Cit., PP. 268 - 269.
Though the Indian Women came into the Medical Profession with lot of hesitancy and inhibition, there was a steady and gradual increase in their number by the second decade of the twentieth century. The Women candidates were quite brilliant and efficient and came out with flying colours and they were in great demand in Women’s Hospitals in municipalities.

During the First World War in 1917, the War office issued strict Orders to utilize the services of Indian Medical Women and the Military authorities consulted the Joint Secretary of the Dufferin Fund as to how to involve the services of Medical Women. A Committee was set up for the purpose of engaging Medical Women as civilian practitioners and two units were kept during the remainder of the war, one at Bombay and the other at Secunderabad.78

With the popularity of Medical Education increasing day by day, Women students joined Medical schools and colleges in large numbers and the number of lady doctors increased gradually and steadily.

MIDWIVES (DAIS)

Before the adoption of Western Medical System, the ‘Dai’ was the sole arbiter in maternity cases. She was the consultant gynaecologist, midwife and health worker

for Women of community.\textsuperscript{79} Her services were recognized and rewarded by the whole community. The profession of the ‘Dai’ has been hereditary. These dais were not of a separate caste, but belonged to several castes, always low in the social scale. In Madras, they belonged to the barber caste.\textsuperscript{80}

Child-birth has been regarded as a time of ‘impurity’ in India. Among the Hindus, the lying Woman was an untouchable; other members of the family were forbidden to attend on her.\textsuperscript{81} The delivery and confinement was conducted in the worst quarters of the house, clay vessels were used which could afterwards be discarded; the mother herself became an outcaste for the time being.\textsuperscript{82}

The cleverer among the dais accumulated a certain amount of wisdom either from their predecessors or from their own experience. They had no idea of the mechanism of labour nor of the in-built forces which delivered the child. She used crude, artificial force to induce the delivery, with death during child-birth becoming common.\textsuperscript{83} Since majority of the births were normal, the dai practised midwifery with great aplomb. She worked hard, but got paid meagerly and did all sorts of menial jobs such as washing of clothes and burying the placenta.

\textsuperscript{79} Ibid, P-142.

\textsuperscript{80} Ibid.

\textsuperscript{81} Ibid.

\textsuperscript{82} Ibid.

\textsuperscript{83} Ibid.
The number of serious cases, mishandled by the dais, startled the European doctors. It was strongly felt that providing proper training to the dai was essential in order to mitigate needless suffering and deaths in maternity cases. In 1854, a Midwifery training school was established at the lying-in-hospital in Madras which later formed the nucleus for the Nurses training school.84

The Victoria Memorial Scholarship Fund

The training of indigenous dais was however not undertaken on a large scale, until the establishment of the ‘Victoria Memorial Fund’ in 1903. This fund was established by Lady Curzon as a definite and special effort to do something to improve the conditions of child birth which the Dufferin Fund and other organizations has revealed to be in such a bad state.85 As it was inaugurated shortly after Queen Victoria’s death, it was named after her. The express object of the Fund was to train indigenous Midwives as opposed to Midwives from other classes or castes who were already being trained in Dufferin and Mission Hospitals.

The amount of money collected by public appeal for this object was nearly Rs.7,00,000 and the income of the Fund was about Rs.34,000.86

84 Ibid, P-148.
85 Ibid, P-146.
86 Ibid.
This money was kept quite apart from the Dufferin Fund, though the two organizations functioned from the same office and had an identical Committee. Committees were formed in each Province and in each Centre where the work was started, a local committee was formed. Funds were divided among the provinces more or less in the proportion in which it had been subscribed. Efforts were made by local committees to get the Dais to attend classes of instruction for which they were given scholarships or fees.

Many Dais were hostile and refused to attend the classes. They believed that there was some trap in the scheme and that they would be ousted from their means of livelihood. As long as the people did not demand a higher standard of Midwifery, there was no inducement for the Dais to attend it, taking the Country as a whole, the response to the effort to train Dais was rather meagre.

The Madras and Bombay Presidencies were not included in the operations of the Victoria Memorial Fund. In Madras, the hereditary Dais were being replaced by trained Midwives. In order to regulate the profession, an Act for registration of Nurses and Midwives was passed by the Madras Legislative Council. This was possible there because, firstly, education was widespread, secondly, the Women were

87 Ibid.

not secluded. Thirdly, as a result of the above reasons more Women came forward to be trained in Midwifery.\textsuperscript{88}

The Bhore Committee Report in 1946, pointed out the disparity between the availability and the need of Midwives. The Committee 'Advocated the training of Dais as an interim measure until an adequate number of Midwives were available. The Bhore Committee pointed out that there were serious drawbacks which included (1) lack of properly trained and well equipped supervisory staff (2) lack of facilities for ante-natal and post-natal work (3) lack of domiciliary practice and (4) lack of opportunities for witnessing complicated cases of labour'.\textsuperscript{90}

In 1961, the Mudaliar Committee did not find a significant change in the situation from what the Bhore Committee had found in 1946. The Mudaliar Committee stated 'that the conditions are still not very clear in certain states since the report of the Bhore Committee'.

\textbf{NURSING}

The concept of female Hospital Nurses is a Christian Institution of European origin.\textsuperscript{91} The first British Hospital that was established in Madras in 1664, it is said

\textsuperscript{88} Ibid, PP.148-149.

\textsuperscript{90} \textit{The Health Survey and Planning Report}, 1961, P-373.

\textsuperscript{91} Col.J.Taylor, 'Medical Research in India': in E.W.C. Bradfield, \textit{Indian Medical Review}, 1938, P-170.
had on its staff some kind of attendants who could be called Nurses. It is believed that similar such personnel were appointed in the hospitals that came up later. But until about 1854, nothing is known about Nursing in India.

In 1854, a new tradition began with ‘The Lady of the Lamp’ Florence Nightingale who laid the foundation for Modern Nursing. Her intention was to create a superior class of Women who should in turn act as ‘Nursing Missionaries’ to undertake the entire Nursing work as it then existed. The plan succeeded admirably as the old well-meaning but rough handed and often roughtongued Nurse, disappeared. The menial work of Scrubbing was abolished and Nursing became a more dignified occupation, though not a profession. Grades were introduced, separated by examination, theory was taught by the Medical staff, practical training given by the sisters and a certificate was given to every Nurse who successfully passed an examination at the end of every three years’ course of training.

The Sepoy Mutiny that came closely on the heels after the Cremeian War drew her attention and on her insistence, the Royal Commission on Sanitation in India was appointed by Lord Stanley in 1859. Though Nightingale never visited India, the reforms worked out by her for Indian soldiers brought mortality rate of troops from 69 per 1000 to 5 per 1000.92

Since India lacked the tradition of female Nurses, it took a long time for it to be established here. Hospitals for the British soldiers, Indian Sepoys and also for the Civilians were built in the seventeenth and eighteenth centuries in India. The patients were served and looked after by the military guards put on this duty or the coolies recruited for the purpose who served more as Orderlies than Nurses.

In the year 1854, the Government of Madras sanctioned a training school for Midwives. The certificate granted to those who completed the training was a diploma in Midwifery, if a candidate failed to obtain the same, she was granted a certificate in Sick Nursing.\(^3\)

In 1871, the question of improving the level of Nursing at Madras General Hospital was discussed. At that time, six Women, after a short course of instruction in Midwifery at the Hospital for the Women, were attached to this hospital for three months for further training.

At the end of another eighteen months or two years, 6 more of these Women could be employed as Hospital Nurses and this complete the hospital establishment, for 12 Nurses was considered to form an efficient Nursing Staff for the General Hospital, the average number of in-patients at that time being 140 daily. Subsequently, as many pupils as were required could be taught and provision could be made to fill up any vacancies which occurred in the hospital staff. The plan

\(^3\) Ibid.
envisaged a sort of training school for Nurses which in time could meet the needs of competent Matrons and Nurses for the various hospitals throughout the Madras Presidency and sufficient to meet additional demands at private hospitals and houses.\textsuperscript{94}

Dr. Chipperfield requested the service of an experienced English Nurse to be made available, in addition to the superintendent matron and reasoned that 'it is very important to keep prominently in mind that it is example more than precept which is required'. He further recommended a plan by which '12 pupils might be under training at first, and that at the end of eighteen months or two years, 6 pupils might be retained as hospital Nurses and 6 sent out to gain a livelihood by the exercise of their calling in private houses; then 12 more pupils may be taken under tuition for the experience the 6 hospital Nurses will have obtained will render them efficient aids in tuition.' \textsuperscript{95}

In October 1874, the first Matron Superintendent, Miss. Martyr, accompanied by a Head Nurse, Miss. Pierpoint from England, joined the staff of the General Hospital. At that time, there were only 6 Women undergoing training for short periods from 3 to 6 months. Soon after, however, a permanent establishment was sanctioned with 6 first grade trained Nurses and 6 second grade or pupil Nurses.\textsuperscript{96}

\textsuperscript{94} Jaggi, O.P., \textit{Medical Education and Research}, op.cit., PP.130-131.

\textsuperscript{95} Ibid.,

\textsuperscript{96} Ibid, P-131.
From July 1885 to September 1887, two Madras Trained Nurses Mrs. McIntyre and Miss. Coady, acted as Matron Superintendents in Madras General Hospital. In 1887 (31 October) Matron Superintendent M.A. Nisbet gave her assessment of the Nursing staff in the Madras General Hospital to the then Acting Senior Medical Officer, Dr. Sibthorpe on his request, among other thing, she pointed out.

"The system of giving a person (so called Nurse) of a few weeks’ or months’ hospital experience (which is unavoidable under the present arrangements) and leaving the entire Nursing charge of from 40 to 50 patients, either on day or on night, is subversive to order or discipline, as neither can be reasonably expected or enforced. A higher rate of pay and distinctions in dress, with an opening for promotion, would act beneficially on the Trained Nurses".

At that time, the Nurses strongly objected to fortnightly night duties, to wearing caps and carrying scissors, and forceps. They were also reluctant at having to lay aside what they called their jewellery like bangles, necklaces and large carryings.

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97 Ibid.
98 Ibid.
99 Ibid.
In General Order No.191, dated 26th February 1897, the constitution of the Nursing school was sanctioned and the school started working on these lines from April 1897.

Records of the Madras General Hospital for the year 1895 state that 'the better class of Eurasians seems to be awakening to the fact that the Hospital Nursing is a suitable employment for their unmarried daughters. This is due, no doubt, to the fact that three English ladies who joined the hospital about three years ago have done such excellent work and set so good an example in every way to probationers'. Between 1874 and 1894, 259 students had entered Madras General Hospital either as trained Nurses or Probationers.\textsuperscript{100}

The other hospitals in the Madras Presidency for training Nurses in the Nineteenth Century were the Government Hospital for Women and Children, Egmore, and Victoria Caste and Gosha Hospital Started by Dr. Scharlieb in 1885.\textsuperscript{101}

For many years, Government and Municipal Hospitals, with few exceptions, gave Nursing training only to Anglo-Indians and Europeans. It was the Mission Hospitals which began training Indians as Nurses.\textsuperscript{102} Here the trained staff were certificated Nurses from recognized hospitals in the various countries in which the

\textsuperscript{100} Ibid, P-132.

\textsuperscript{101} Ibid.

\textsuperscript{102} Ibid, P-134.
Missions were supported. They soon came to feel very strongly the need to organize the regular training of Indian Nurses. This was essential not only to provide adequate Nursing for the patients under their charge, but also for the establishment of a Nursing service of fully qualified Indians who would be willing and able to undertake responsibility as Sisters and Nursing superintendents and to share in the training of others.\textsuperscript{103}

But unfortunately educated Indian girls did not readily come forth to join the Nursing Profession.\textsuperscript{104} Therefore in the early stages many European and Anglo-Indian girls came forward for Nursing.

There were however, many obstacles in the way of realizing this object, the chief among these was the lack of general education among females. Apart from the idea that such work was degraded and unworthy, Hindu parents were also held back by the deep-rooted inhibitions of caste from allowing their daughters to take up this profession. Muslim girls were prohibited under the purdah system from showing in Public.\textsuperscript{105} Girls from Christian homes were better educated and less inhibited in this regard and it is they who came forward for training in the profession of Nursing and then to serve as Nurses.\textsuperscript{106}

\textsuperscript{103} Ibid, P-31.

\textsuperscript{104} Miss.D. Chadwick, ‘Nursing in India’:Indian Medical Review op.cit., P-171.

\textsuperscript{105} Ibid, PP.171-172.

\textsuperscript{106} Jaggi, O.P. Medical Education and Research op.cit.,P-135.
To begin with there were no set rules and regulations for the training of Nurses in different hospitals where such classes had been started. Each hospital followed its own rules as regards the educational requirements for admission of the candidates, the medium of instruction, the curriculum and the number of months or years the training was to last. Each hospital gave its own certificate to the successful candidate. Lack of uniformity hindered the raising of the standard of education in Nursing.  

The first attempt to organize the systematic training of Nurses and their public examinations was made by the Mission Hospitals in North India. Until 1893, there was no generally accepted scheme of training in the hospitals. In that year some of the doctors and Nursing superintendents met together and drew up a curriculum for a three year course of training and rules were also framed with regard to the minimum standard of education to be required by applicants for training along with suggestions were made about scales of pay.

The Trained Nurses Association of India

It was formed in the year 1905 (with a different name in the beginning) with the object of espousing the causes of the Nurses and to raise the status and standard of Nursing. It also started publishing a Journal of India which was supplied free to all the members. Later by 1938, its membership increased to 2462.
Between 1907 and 1909, a large number of fully qualified Nurses from Overseas came to India to take up jobs of Nursing Superintendents and Sisters.\(^{108}\)

At this time, a conference of Nursing and Medical Superintendents was held. This resulted in the formation of the North India United Board of Nurse Examiners for Mission Hospitals. Its name was later changed to North India United Board of Nurse Examiners for Mission and other Hospitals, when many other hospitals joined it.

The success of the venture in North India led to the formation of the South India and Mid-India Board of Nursing Examiners. South India Board permitted the candidates to have the regional languages as medium of instruction and Mid-India Board, Hindi. Between 1910 and 1940, there were marked improvements in the teaching and training of Nurses in different parts of India and many girls were coming up for training.

**Nursing Councils**

In order to provide statutory recognition to Nursing and Midwifery as specialized occupation and to protect these occupations from the misuse of quacks, as well as to raise the standard of Nursing, various State Governments created Nursing Councils by enacting suitable legislations. The Madras Nurses and Midwives

\(^{108}\) Ibid.
Act of 1926 was the First Act in British India to provide statutory recognition to Nursing as a profession which enabled the creation of a Provincial Nursing Council similar to that of Provincial Medical Council.

The Nursing and Midwives councils established in pursuance of these Acts were required to maintain a register of Nurses, Midwives, Health Visitors and so on from time to time and publish the same in the prescribed manner. The council also had power to deal with misuse of privileges by individual Nurses and enjoined the Government to employ fully qualified and registered Nurses in their hospitals and other hospitals aided by Government.

In the year 1944, the Christian Medical College at Vellore started a degree course in Nursing for the students after passing S.S.L.C. Later, another degree course was started at Madras Medical College and at Government General Hospital, Madras for trained Nurses which was of two years and six months duration.

There were six schools for offering three years Nurse Training and five schools, for six months Midwifery Training.

The curriculum differed in the Provinces, but in most cases the four years course included training in gynaecological Nursing and in obstetrics. In some Provinces it was compulsory for every Nurse to have combined Sick-Nursing and Midwifery training. The examinations were conducted by special examination boards
set up either by the Government or by the Provincial Nursing Council concerned. Male Nurses were also trained in some Provinces.

The trained Nurses in India had very minimal opportunities for postgraduate training. A short six-months course was offered in post-graduate study in Nursing by the Madras Government.\textsuperscript{109}

The Bhore Committee Report stated that in some Provinces there were two grades of Nursing qualifications - the Senior Certificate of Nursing and the Junior Certificate of Nursing. For the former, the Junior Cambridge or a completed Secondary School Leaving Certificate or eligibility to University Course of study was generally demanded and for the latter the VI or VIII standard Vernacular was accepted as sufficient qualification.

Nurses were being trained through the medium of English and other principal Indian languages. The period of training was not uniform which ranged from three to four years.

The Bhore Committee Report of 1946 estimated the total number of Nurses in the country to be about 7000. It recommended the opening up of many more

\textsuperscript{109} Ibid, P-137.
centres for training Nurses whose number, according to the committee's short term programme of 10 years was to be 80,000.110

By 1961 many more centres had been opened for training of Nurses, but the total number trained remained far short of the need. In this connection, the Mudaliar Committee (1961) made a very important remark. The committee stated 'we do hold that if sufficiently attractive terms are given to young girls they would rather prefer the Nursing profession than being recruited as Lower Division clerks or employed in similar clerical services under Government or private agencies in the country. If certain types of duties can be performed effectively only by Women, it would obviously be necessary in the interest both, of the individual concerned and the nation that the resources are properly channelled for the successful completion of targets we have in view'.111 By 1976, there were 1,06,571 registered Nurses in India.112

The total number of candidates for Nursing admitted to a specific study depended upon the number of Nurse pupils who passed out in the previous course, was the method followed till 1967. But the admission was regularized by admitting 150 students at regular half yearly intervals from January 1968. But later from 1st January 1971, only 75 students were taken per every half yearly session.113


111 The Health Survey and Planning Committee Report, 1961, P-375.

112 Jaggi, O.P. Medical Education and Research, op.cit., P-141.

113 The Tamil Nadu Administrative Report, 1971-72, P-217.
During 1972-73, nearly 150 candidates passed their Nurse training course from various Government hospitals in Tamil Nadu and 17 Nurses completed successfully the B.Sc. (Nursing) Course from the College of Nursing, Madras Medical College.

Three candidates got through the Diploma in Physiotherapy from the Government General Hospital, Madras and 19 Nurses were given special theatre training for a period of one year.

Auxiliary Nurses and Midwives Training Centres were started at Government Head Quarter's Hospitals at Vellore, Salem, Dindigul and Tiruchirappalli. Two hundred posts of Nurses were sanctioned by the Government in Teaching Medical Institutions. The Nurse patient ratio was 1:15 previously and it was brought to 1:8.\textsuperscript{114}

Postgraduation in Nursing

Nurses and those concerned with Nursing services are increasingly conscious of the fact that the basic course which prepares Nurses for first level positions is not sufficient for positions of responsibility or those requiring special skill and knowledge. This is partly due to developments in Medical Science which call for corresponding developments in Nursing skills and partly to the growing complexity of administrative routine in hospitals. Social changes today have led to new needs of patients, their

\textsuperscript{114} Ibid, 1972-73, P-208.
relatives and friends. The basic course not includes a greater content of sciences basic to Nursing and principles of Nursing care, but further formal training, built on experience subsequent to the basic training, is essential to equip the Nurse for fulfilling newer functions.\textsuperscript{115}

The Second World War greatly accelerated the change that was taking place gradually in the pattern of Nursing and the rapid growth in the directions in our country after Independence has increased further the rate and range of change.

There were four formal courses other than in special clinical fields and these were (1) Nursing Administration (2) Nursing Tutor (3) Midwifery Tutor and (4) Public Health Nursing. The Administration and Nursing tutor courses were started in 1942 and 1944 in Vellore, Delhi and Madras. Many of the subjects were common to all these three courses.\textsuperscript{116}

The student-tutors generally gave a minimum of 20 classes supervised by the hospital tutor; the administration students were assigned detailed study of problems in various administrative fields. Seminars were arranged so that the entire group can share the experiences with one another and work together on actual life problems in


\textsuperscript{116} Ibid.
the fields of Nursing administration and teaching. Domiciliary Midwifery was introduced to the Midwifery tutors.

There has been a growing need for the ward sister in ward management and clinical teaching. Long experience and traditional discipline, which served very well in the past in the efficient management of hospital ward, were either not available or not sufficient. Formal training in the principles of administration and its practical application was necessary to supplement experience and what remained of traditional discipline had to be sustained by an understanding of interpersonal relationships. This thinking was the basis for the introduction of a three months course in Ward management and for making this course a basic requirement for the administration and teaching courses. As a part of their field work, the students undertook full Nursing care of at least one patient and it was pleasing to find that the Nurses took great pleasure and interest in this assignment as they got both time and enough equipment to Nurse a patient as he should be nursed.\(^{117}\)

Nursing courses have served the needs of hospitals and Nursing schools but Nursing cannot fulfil its function wholly within hospital walls. Therefore to meet community needs a course in public health Nursing was started. This course though post-basic, really gave basic preparation for the students who had little or no

\(^{117}\) Ibid, P-70.
experience of Public Health Nursing. Now the Nurses are working in primary health centres.\textsuperscript{118}

Post-basic courses have been started in two clinical fields—psychiatric Nursing and paediatric Nursing. These were the two years course for a B.Sc. degree and an exemption of one year being allowed for the Nursing certificate. The course included Nursing administration and education including Public Health Nursing, but later, specialized courses were established to cover five broad fields namely Medical and Surgical Nursing, Maternal and Child Health, Midwifery, Psychiatric Nursing and Public Health Nursing. Specialization in various clinical fields could be covered in Medical and Surgical Nursing and in Paediatric Nursing could be included the broader field of maternal and child health or it might be the subject of a special course.\textsuperscript{119}

The importance of clinical specialization should not be under estimated, it could be gained thoroughly only with experience and competence gained by working under the guidance of a specialist and an experienced ward sister, that is to learn from close observation and day to day care of patients. Monetary incentives are important in developing this programme but even more would be the recognition given to the concept that there is scope in Nursing to develop such competence and that such Nursing is essential for the effective application of Medical Sciences.

\textsuperscript{118} Ibid.

\textsuperscript{119} Ibid, PP. 70-71.
In Tamil Nadu, a Master's degree course in Nursing was instituted in the year 1968 in Medical and Surgical Nursing, Obstetric Nursing, Community Health Nursing, and Paediatric Nursing.\textsuperscript{120}

**HEALTH VISITORS**

The concept of Health Visitors is the direct outcome of the Child Welfare Movement in India, whose primary aim and work was to look after maternity and child welfare. It is totally a misconception to think that child welfare work merely relates to saving the lives of infants. It also includes providing them with good hygiene, health, prevent them from acquiring diseases and to make them grow hale and healthy.

The Child Welfare Movement was started by a few English Women-Wives of high officials who were genuinely interested in the people around them. The stern realities of War brought home to the English people, the fact, that the manpower of the Nation must be kept strong and this realization doubtless had an influence, conscious or unconscious, on India too.\textsuperscript{121}

Those countries which, by various methods, had reduced their infant mortality rate, were not slow to trumpet forth the fact and a certain uneasiness began to grow


\textsuperscript{121} Balfour, I, and Ruth Young, The Work of Medical Women in India, op.cit., P-142.
in India in view of her continued abnormally high infant death rate. Apart from this there was the spirit of social service among the different voluntary bodies which operated at various towns like Bombay, Karachi and Delhi for the uplift of children, by providing free milk, medicines, clothes etc. This work was initially undertaken by a Nurse or a Midwife. However, it was felt that a separate class of workers must be trained for it, similar to that of the Health Visitors of England who are specialists in the field, so as to improvise and advance the movement adequately.

Since such workers were non-existent, applications were made to the Dufferin Fund Office, so as to create them. Though, knowledge in Midwifery was an inevitable necessity the preventive factor as applied to all aspects of infant life was to be given equal importance in training these workers. In the process, the hospitals, were considered to be totally unsuitable, since they provided the atmosphere of diseases and not of health. Hence it was decided to start a 'Health School', an institution exclusively to train Health Visitors.

An Association for the provision of Health Visitors and Maternity Supervisors was conceived as early as 1918, by Sharp, who was the Secretary of the Department of Education, Government of India and Dr. M.I. Balfour of the Women's Medical Service. The Government of India gave a grant of Rs. 6,000 for founding this

122 Ibid, PP. 142-143.
123 Ibid, P-143.
124 Ibid, P-144.
pioneering institution at Delhi which attracted a large chunk of students from all over the country. There were two reasons to select Delhi as a centre, first, it was the National Capital, secondly, there were already two well trained English Women in Delhi, who could give valuable assistance and practical training in the field.\textsuperscript{125}

At this juncture, the earnest and enormous interest in the subject evinced by Lady Chelmsford, Wife of the then Viceroy and the Maternity and Child Welfare Exhibition held at Delhi in 1920, proved a great stimulus to the Child Welfare Movement. Lady Chelmsford at the outset felt that much more was in need than the existing organizations and small societies, which were carrying this task without any Governmental Assistance, expert advice or control, if the child welfare work was to be really effective and flourishing.\textsuperscript{126}

As a first step, she addressed all the Provincial Governments on the subject and requested financial help, but unfortunately her efforts were in vain. Due to hard times, soaring prices and Political unrest all over the world, the Provincial Governments declined Monetary aid. As a result of this unexpected sudden rebuff, Lady Chelmsford made a fervent public appeal for the charitable fund in autumn 1919, which met with a tremendous response and which consequently led to the

\textsuperscript{125} Ibid.

\textsuperscript{126} Ibid, P - 145.
founding of the Lady Chelmsford League for Maternity and Child Welfare Movement in India.\textsuperscript{127}

Sir Henry Sharp, the First Chairman of the Lady Chelmsford League commands a great deal of gratitude for his keenness, untiring efforts and for the help he secured from the Government, as the Secretary to the Education Department. The income of the Fund to the tune of (£ 3750) half a lakh rupees, was to be given as grants-in-aid to the deserving child welfare centres until they could generate their own income locally.\textsuperscript{128} Besides this, a Quarterly Journal was started and the Organizing Secretary toured India, to create an awareness among the people.

The other areas of work of the League included publishing of literature of all kinds, in vernacular languages. A new scheme called the ‘Baby Week Movement’, the brain child of Lady Reading was, for the first time organized by the Chelmsford League and Red Cross Society jointly, which concluded by forming the ‘National Baby Week Council’ to which the Secretary of the League was also its Secretary.\textsuperscript{129}

\textsuperscript{127} Ibid.

\textsuperscript{128} Ibid.

\textsuperscript{129} Ibid, P-148.
Nature of Work

Health Visitors have to take field trips to different areas allotted to them, enquire about their Medical Histories, render suggestions and advises for delivery, child welfare, family planning, sanitation, health and hygiene, take all kinds of health statistics, data, and plan programmes for the improvement of that area. Initially their work was of mainly (1) Visiting the homes of the people (2) Managing child welfare clinics, (3) Training Dais.

Home visiting is generally done on the basis of birth lists supplied by the Corporation Health Department, which is educational on character and successful Health Visitors have a good deal of influence among the Women.

The Health Schools

The Lady Chelmsford League took keen interest in starting many Health Schools all over the country for Health Visitors besides Delhi, by giving grants to schools which might be created locally. Since Lady Chelmsford felt that these Health Schools were necessary for the promotion and continued progress of child welfare work in India, such schools were started at Lahore, Calcutta, Madras, Lucknow, Poona, Bombay and Nagpur.

The preliminary educational qualification, the training period, syllabi, language of instruction etc for joining the Health Visitors course varied from Province to
Province. The general education was as low as third standard of the Anglo Vernacular school at Poona and as high as the Matriculation or its equivalent in Madras; besides a diploma in Midwifery or certificate in General Nursing.

The Madras Health School

It was organized by the Madras Maternity and Child Welfare Association and other voluntary bodies which bore part of the expense. The period of training extended from nine to eighteen months and the medium of instruction was either English or Tamil. The students were given practical training at the Corporation Child Welfare Centres besides field training in rural and urban health centres. The final examinations were conducted by the Provincial Nursing Council or Authorities appointed by the Local Government.\textsuperscript{130}

At present, the Tamil Nadu Government through the Directorate of Medical Education and the M.G.R. Medical University has taken up the training of Health Visitors, and appoint them in Corporation Primary Health Centres to deal with maternity and Child Welfare Family Planning programmes and latest schemes.

\textsuperscript{130} Jaggi, O.P., \textit{Medical Education and Research}, op.cit., PP.162-163.